

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Lionel Pierre	COURT CASE NUMBER 1: 17-CV-4657 (LDH){LB}
DEFENDANT P.O. Sean Rocco	TYPE OF PROCESS Order, Am. Summons, Am. Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN P.O. Sean Rocco, Tax ID # 937396 NYPD - 113th PRECINCT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 167-02 Baisley Blvd., Jamaica, NY 11434	
SERVE AT { SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Lionel Pierre 224-21 Merrick Blvd., # 1071 Laurelton, NY 11413	
Number of process to be served with this Form 285	3
Number of parties to be served in this case	1
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service) IN CLERK'S OFFICE

US DISTRICT COURT E.D.N.Y.

Fold

Fold

★ OCT 06 2017 ★

BROOKLYN OFFICE

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (718) 613-2610	DATE 9/26/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 53	District to Serve No. 53	Signature of Authorized USMS/Deputy or Clerk	Date 9/26/17
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 10/5/17 Time 1:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee \$130	Total Mileage Charges including endeavors \$10.80	Forwarding Fee —	Total Charges \$140.80	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: ENDEAVOR: NO LONGER WORKS AT PCT PICK DESK 907

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED